

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS**

In re: _____)
_____) Case No. _____
Debtor(s). _____) Hearing Date: _____



ATTORNEY'S APPLICATION FOR COMPENSATION FOR REPRESENTING CHAPTER 13 DEBTOR(S)

The undersigned attorney seeks compensation pursuant to 11 U.S.C. §330(a)(4)(B) for representing the interests of the debtor(s) in this case.

Use of Model Retention Agreement: ☐ The attorney and the debtor(s) have entered into the Court's Model Retention Agreement, using ☐ Option A (flat fee for services through confirmation) ☐ Option B (flat fee for services through case closing).
☐ The attorney and the debtor(s) have not entered into the Court's Model Retention Agreement.

Fees in prior case(s): ☐ The attorney has not represented the debtor(s) in any prior bankruptcy case.
☐ The attorney has represented the debtor(s) in prior bankruptcy cases as follows:

Case no. _____ Chapter _____ Plan confirmed? ☐ Yes ☐ No Fees paid \$ _____
Case no. _____ Chapter _____ Plan confirmed? ☐ Yes ☐ No Fees paid \$ _____
Case no. _____ Chapter _____ Plan confirmed? ☐ Yes ☐ No Fees paid \$ _____

Fees sought in present case:

☐ \$ _____, for services through plan confirmation. ☐ \$ _____, for services through case closing. ☐ \$ _____, for services after plan confirmation.

Expense reimbursement:

☐ \$ _____, for filing fee.
☐ \$ _____, for _____.
Total reimbursement requested: \$ _____.

Payment received directly from debtor: ☐ None ☐ \$ _____.

Compensation previously awarded: ☐ None
☐ a total of \$ _____, pursuant to order(s) entered on the following dates:
_____.

Plan payments: \$ _____ for _____ months.

Secured debt: ☐ None ☐ home mortgage(s) in default ☐ motor vehicle loans
☐ Other: _____.

Unsecured debt: _____ No. of claims: _____ Total amount: _____
To be paid under plan _____ %

Professional time expended: _____ attorney hours; _____ paraprofessional hours.

Itemization of time: ☐ Not Submitted ☐ Attached to this application.

Hourly rates: \$ _____ attorney; \$ _____ paraprofessional.

Date of Application: _____

Attorney's signature: _____
[Typed name, Bar ID]
[Firm name, address, phone #]